



State of Rhode Island

Department of State - Business Services Division

Annual Report for the year: **2015**

Non-Profit Corporation

→ Filing period: June 1 - June 30

→ Filing Fee: \$20.00

→ Penalty: Additional \$25.00 fee if form is not filed by July 30.

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BUS SVCS DIV

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1. Entity ID Number 000144393		2. Exact name of the Corporation Narragansett Youth Basketball Association			
3. State of Incorporation RI		5. Brief description of the character of business conducted in Rhode Island youth basketball association for Narragansett youth to play throughout the state.			
4. NAICS Code 624110 - Child and Youth Service					
6. Principal Office Address 60 Starr Drive		City Narragansett		State RI	Zip 02874
7. List ALL officers (names and addresses) Check the box to indicate an attachment ☐					
President Name Michael Clancey		Vice-President Name Dan Leonard			
Street Address 43 Tanglewood Trail		Street Address 34 Shagbark Road			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Secretary Name		Treasurer Name			
Street Address		Street Address			
City	State	Zip	City	State	Zip
8. List ALL directors (names and addresses). RI Corporations MUST list at least THREE directors. Check the box to indicate an attachment ☐					
Director Name Michael Clancey		Director Name Mike Lurgio			
Street Address 43 Tanglewood Trail		Street Address 33 Crest Ave			
City Narragansett	State RI	Zip 02882	City Narragansett	State RI	Zip 02882
Director Name Dan Leonard		Director Name			
Street Address 34 Shagbark Road		Street Address			
City Narragansett	State RI	Zip 02882	City	State	Zip
9. The Registered Agent information of record with the RI Department of State is accurate. Changes require filing Form 641.					
Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.					
This report must be signed by either the President, Vice-President, Secretary, Assistant Secretary, Treasurer, duly Authorized Representative, Receiver or Trustee.					
Name of Officer/Authorized Representative Dan Leonard				Date 12/1/2021	
Signature of Officer/Authorized Representative <i>Dan Leonard</i>				FILED	

MAIL TO:

Division of Business Services

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Website: www.sos.ri.gov

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FORM 631 - Revised: 08/2020